## 51 55 1

I

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
opedar instructions to r ning officer.
J HOD
J. HORNE NOV 1 5 2024
15 2024
Office Use Only



11/14/24--01001--012 \*\*25.00

2024 HOV 11, AH 9: 32 - . A'CIN() -FILED •

## TO: Registration Section Division of Corporations

SUBJECT:

LAKSHMI 3970 CP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STACY SMALL

Name of Person

SMITH THOMPSON SHAW

Firm/Company

3520 THOMASVILLE ROAD - 4TH FLOOR

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

mgmflorida@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STACY SMALL

Name of Person

850 893-4105 at (\_\_\_\_) Area Code Daytime

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

**\$**25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF T ARTICLES OF C O	O DRGANIZATIO	F1L 2024 HOV 14 N.	ED PM 1:57
	1970 CP LLC	ur records.)	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iability Company)		
The Articles of Organization for this Limited Liability Company	were filed on	01/31/2023	_ and assigned
Florida document numberL23000057552			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designat	tion "LLC" or the abbn	viation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	2470 THOMASVILL		
	TALLAHASSEE, FL	32308	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	ddress on our record	s, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eel address	·
		, Florida	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

•

**`**.

,

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

į

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			🗆 🗠 🗠
		····	🗆 Remove
			Change
			DAdd
		·	
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			DRemove
		·	Change
<del></del>			🗆 Add
			🛛 Remove
			Change
			🗆 Add
			🗆 Remove
			Change

.

•	

-	
-	
-	
-	
-	
-	
-	
-	
-	
_	
-	
-	
-	
-	
-	
-	
Effect	ive date, if other than the date of filing:
(If an eff <u>Note:</u>	(optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
the recor cord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	NOVEMBER / 2024
	$1 \wedge 1$

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member ANUJ P. PATEL Typed or printed name of signee

Filing Fee: \$25.00